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Dkt. 962-PCT-US

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**DECLARATION AND POWER OF ATTORNEY**

As a below-named inventors, we hereby declare that:

Our residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**DIAGNOSTIC AND THERAPEUTIC TOOLS FOR THE X-LINKED MENTAL RETARDATION SYNDROME**

the specification of which  
(check one)

\_\_\_\_\_ is attached hereto or  
 was filed on March 6, 2003 ✓  
 as Application Serial No. Not Yet Known and  
 was amended on \_\_\_\_\_ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information of which I am aware which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, Section 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application of which priority is claimed:

Prior Foreign Application(s) Number	Country	Filing Date	Priority Claimed	
			Yes	No
RM2002A000130	ITALY	March 8, 2002 ✓	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States Application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.	Filing Date	Status
<u>PCT/IT03/00134</u> ✓	<u>March 6, 2003</u> ✓	<u>Pending</u>
<u>RM2002A000130</u>	<u>March 8, 2002</u> ✓	<u>Priority</u>
_____	_____	_____

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And I hereby appoint:

2- Albert Wai-Kit Chan (Reg. No. 36,479) and Mark Elkins (Reg. No. 42,510)

Attorney, with full power of substitution and revocation, to prosecute this application, to make alterations and amendments therein, to receive the patent, to transact all business in the Patent and Trademark Office connected therewith and to file any International Applications which are based thereon under the provisions of the Patent Cooperation Treaty.

Please address all communications, and direct all telephone calls, regarding this application to

Albert Wai-Kit Chan  
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1-00 Full name of sole or first joint inventor: MELONI, Ilaria  
Inventor's signature: Ilaria Meloni  
Citizenship: ITALY Date of Signature: 01-09-2004  
Residence: c/o Policlinico Le Scotte, Viale Bracci, 2 N 53100 Siena, ITALY ITX.  
Post Office Address: same as the residence address

2-00 Full name of sole or first joint inventor: RENIERI, Alessandra  
Inventor's signature: Alessandra Renieri  
Citizenship: ITALY Date of Signature: 01-09-2004  
Residence: c/o Policlinico Le Scotte, Viale Bracci, 2 N 53100 Siena, ITALY ITX  
Post Office Address: same as the residence address